DHS Policy Transmittal Oregon Department of Human Services	**Originating Cluster:** **Seniors and People with Disabilities**

Authorized by: James Toews, Assistant Director
Signature

PT Number: SPD-PT-03-030
Date: August 28, 2003

Transmitting (check the box that best applies):

☐ New Policy ☐ Policy Change ☒ Policy Clarification
☐ Administrative Rule ☐ Manual Update ☐ Other _____

Applies to (check all that apply):

☐ All DHS employees ☒ County DD Program Managers
☐ Area Agencies on Aging ☒ County Mental Health Directors
☐ Children Adults and Families ☐ Health Services
☐ Community Human Services ☒ Seniors and People with Disabilities
☒ Other (please specify): Health Services, Office of Investigations and Training

Policy Title:	**DD - Adult Foster Home**		
Topic Area:	**Home Alone Variance Request**		
Policy Number(s):		Release No:	
Effective Date:	September 1, 2003	Expiration:	N/A
References:	OAR 309-040-0052 (12)(g)		
Web Address:			

Discussion/Interpretation: There has been a practice in adult foster homes for persons with developmental disabilities to allow for some opportunities for individuals to be home alone in the foster home without the presence of a provider, resident manager or a substitute care giver. This has been granted through a variance process submitted through the CDDP to the DD Licensing Unit. The rule has not been changed however, this transmittal changes some of the procedures in the variance process and requires local sign off by the ISP Team and the CDDP Program Manager..

Implementation/Transition Instructions: Beginning September 1, 2003 the CDDP will submit any new or renewal of a home-alone variance in a DD Adult Foster Home using the new procedure and forms attached to this transmittal.

Training/Communication Plan: **If there are any questions CDDPs and AFH Providers can call Barb Southard at 503-945-9816 or Laurie Lindberg at 503-945-9807.**

Local/Branch Action Required: CDDPs will review and test the resident on the DD-AFH Safety Practices Checklist; the CDDP will send the completed Variance Request packet to the DD Licensing Unit.

Central Office Action Required: DD Licensing Unit will review each AFH Home Alone variance request and approve or deny the request. Copies of the variance request will be sent to the CDDP and the AFH Provider.

Field/Stakeholder review: ☒ Yes, reviewed by: DD Program Managers ☐ No

Filing Instructions:

If you have any questions about this policy, contact:

Contact(s):	Laurie Lindberg or Barb Southard		
Phone:	503-945-9807 or 503-945-9816	Fax:	503-947-1081
E-mail:	Laurie.Lindberg@state.or.us Barbara.L.Southard@state.or.us		

Seniors and People with Disabilities
Adult Foster Home
Home Alone Variance Information

Introduction: Oregon Administrative Rules Relating to Residents Being Home Alone

Rule: OAR 309-040-0052 Standards and Practices for Care and Services

(12)(g) A provider, resident manager, or substitute care giver shall be present in the home at all times residents are present, unless specifically stated in the ISP or PCP, and granted as a variance by the Division.

(12)(p) Immediately notify the appropriate ISP or PCP Team members (in particular the CMHP representative and family/guardian) if: the resident has a significant change in their medical status; the resident has an unexplained or unanticipated absence from the AFH; the provider becomes aware of alleged or actual abuse of the resident; the resident has a major behavioral incident, accident, illness, hospitalization; the resident contacts, or is contacted by, the police; or the resident dies.

OAR 309-040-0005 Definitions

(10) "Care" means the provision of services such as assistance with bathing, dressing, grooming, toileting, ambulation, communication, eating, getting in or out of bed, laundry, cleaning room, managing money, shopping, using public transportation, writing letters, making telephone calls, scheduling appointments, medication supervision, participating in recreational and leisure activities, and similar activities. Care includes 24-hour supervision, being aware of the residents' general whereabouts at all times, and monitoring the activities of the residents while on the premises of the residence to ensure their health, safety, and welfare. The provision of care is directed towards helping residents to improve or maintain their level of functioning.

(11) "Community Mental Health Program" or "CMHP" means the organization of all services for persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems, operated by, or contractually affiliated with, a local mental health authority, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the MHDDSD.

(50) "Variance" means a temporary exception from a regulation or provision of these rules, which may be granted by the Division, upon written application by the provider.

OAR 309-040-0035 Variance

(1) A provider or applicant may apply to the Division for a variance from a provision of these rules. The provider must justify to the Division that such a variance does not jeopardize the health or safety of the residents.

(2) No variance shall be granted from a regulation or provision of these rules pertaining to the limit of five residents, inspections of the AFH, civil, legal and human rights, and inspection of the public files. No variance related to fire and life safety shall be granted by the Division without prior consultation with the local fire department or its designee.

(3) Variances will be granted in writing and reviewed at each renewal period. A variance granted to one AFH provider does not constitute a precedent for any other AFH provider.

Instructions

The following sections outline the procedures and safeguards, which must be in place to obtain approval for a variance to the Adult Foster Home rule for persons with developmental disabilities to be able to stay alone in the foster home. Only when these conditions have been met and submitted to SPD will a variance request be considered.

Section One: Provider Responsibilities
The Adult Foster Home provider must:

- Develop a written individual AFH Safety Plan for the resident that is to be home alone addressing the use of smoking, use of the kitchen and cooking facilities, guests, how to contact the provider and/or case manager, what to do in an emergency (fire, health issues, etc.) and any other health/life safety concerns pertinent to the individual resident and facility.

- Be reachable by phone when a resident is home alone and be no more than 30 miles/30 minutes from the AFH unless a resident manager and/or substitute caregiver is covering the AFH.

- Not leave a resident alone longer than the specified number of hours documented in the individual's Individual Support Plan and approved on the variance request.

- Not leave a resident home alone from the hours of 11 p.m. until 6 a.m.

- Not leave a resident alone if their condition changes and immediately notify the case manager/CDDP and document the change of condition in the resident's individual record.

Section Two: In order for a resident to qualify for being home alone. The resident must be able to:

- Exit the AFH in the event of an emergency without any assistance.
- Independently call 911 in an emergency and give the address of the AFH.
- Know where and how to contact the AFH provider.
- Know and agree to follow the written AFH Safety Plan (developed by the provider and individual support plan team and approved by the CDDP) when home alone.

Section Three: Requirements for the AFH provider, resident, ISP team and CDDP in order for a resident to be left in the AFH alone.

- The amount of time a resident could be home alone can be less than four hours but no more than four consecutive hours.
- The hours to be left home alone will not exceed 4 hours within a 24-Hour period.
- A resident may not be home alone from the hours of 11p.m. to 6 a.m.

ADULT FOSTER HOME "Home Alone" Variance

1. The completed form(s) are to be sent to the DD Licensing Unit/SPD for review and approval by the CDDP.
2. The resident may **not** be left alone until the completed form has been approved by SPD and returned to the provider **signed "APPROVED**".
3. The AFH provider and the CDDP will receive copies of the variance forms once it has been approved by SPD.
4. The provider files these approved forms in the resident AFH record/chart.

SPECIAL INFORMATION FOR THE CASE MANAGER AND THE PROVIDER. Should the circumstances change for the resident at any time where "Home Alone" is no longer applicable the Variance is to be deemed cancelled. The Individual Support Plan must be updated in a timely manner to reflect the status change with the current "Home Alone" approval.

Seniors and People with Disabilities

Application Request for a "Home Alone" Variance

Provider name: _____ County: _____

AFH Address: _____

Telephone number: (___)_____

Resident Name: _____

Number of Hours Resident Can Be Left Alone: _____

The CDDP will:
Attach and return all Home Alone documents to the DD Licensing Unit at:

Senior and People with Disabilities
DD Licensing Unit
P.O. Box 14250
Salem, Oregon 97309-0740

Submitted by:
Case Manager Name: _____
Case Manager Telephone Number: _____

SPD Decision: **Approved** ☐_____
Denied ☐_____

SPD Designated Authority:

Signature and Title: _____ Date: _____

ADULT FOSTER HOME
Home Alone Variance Approval Form

In order for a resident to qualify for being home alone, the resident must be able to:

- Exit the AFH in the event of an emergency without any assistance
- Independently call 911 in an emergency and give the address of the AFH
- Know where and how to contact the provider
- Know and agree to follow the written AFH Safety Plan when home alone (developed by the provider and ISP team and approved by the CDDP)

To All Concerned: (Name of Resident) _____

has been approved to remain home alone at the (AFH Provider Name) _____

_____

Adult Foster Care Home located at _____for a period of no more than _____ hours when this foster care provider is away from the home. (The hours to be left home alone will not exceed 4 consecutive hours within a twenty-four hour period and will not be from 11 p.m. until 6 a.m.) It is understood that I, the individual mentioned above, agree to follow all house rules during times the foster care provider is away. Failure to follow house rules may result in termination of this approval. Please sign below indicating agreement with this Home Alone application form.

ISP Team Member Signatures:

Resident's Signature: _____Date: _____

Parent/Guardian's Signature: _____Date: _____

Provider/Resident Manager's Signature: _____Date: _____

Case Manager Signature: _____Date:_____

Questions about this approval should be directed to: _____

At _____ County program office at (Phone) _____

AFH SAFETY SKILLS CHECKLIST
Home Alone Variance Form

The ISP Team is to review this checklist to assure the resident can demonstrate the ability to consistently perform these skills. If no, describe prosthetics(s) to be used or arrangements/agreements made to ensure safety of the individual.

When the provider is **away from the home** the Resident can:

		YES	NO
1.	***Answers Door/Stranger Awareness***: Before answering door, checks who is there.	☐	☐
2.	Does not invite strangers to enter the house.	☐	☐
3.	Answers door appropriately – takes message or asks person to come back later.	☐	☐
4.	***Uses Phone***: Answers phone and takes message or asks person to call back later.	☐	☐
5.	***Safety Issues***: Locates and uses a flashlight.	☐	☐
6.	Adjusts water temperature correctly at all faucets **or** has temperature controls on hot water system.	☐ ☐	☐ ☐
7.	***Routine Household***: Uses sharp knives without personal injury.	☐	☐
8.	Showers/bathes without falling.	☐	☐

Resident Signature:_____ Date: _____
Parent/Guardian Signature: _____ Date: _____
AFH Provider Signature: _____ Date: _____
Case Manager Signature: _____ Date: _____

AFH SAFETY PRACTICES CHECKLIST
Home Alone Variance Form

The CDDP is to review and test the resident to assure the resident can demonstrate and agrees to follow the AFH Safety Practices Checklist when Home Alone.

When the provider is **away from the home** the Resident can:

		YES	NO
1.	Exit the AFH without any assistance.	☐	☐
2.	Independently call 911 in an emergency.	☐	☐
3.	Knows where and how to contact the provider.	☐	☐
4.	Is never left with another client or individual under the age of 18 in the AFH.	☐	☐
5.	Agrees to smoke in designated areas.	☐	☐
6.	Use of kitchen and cooking is allowed.	☐	☐
7.	Guests are allowed in the AFH.	☐	☐

Resident must sign this assessment. *By signing this assessment, the resident agrees to abide by the conditions agreed upon for the Home Alone Status.*

Resident Name: _____

Resident Signature*:* _____ Date*:*_____

CDDP Manager or Designee Signature: _____Date: _____

***** The CDDP Manager may **not** designate a non-CDDP staff as the review of this checklist.